

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Shawn Smith

Write the full name of each plaintiff.

19 CV 1960  
(Include case number if one has been assigned)

AMENDED  
COMPLAINT

(Prisoner)

20401 shield  
Do you want a jury trial?  
 Yes    No

-against-

Police Officer Oliva Carvajal Hernandez 20401 shield  
Police Officer Gilberto Mercedes Shields 11564  
Lieutenant Patricia O'Vander  
Police Officer Vincent Sanchez shield 24923

Write the full name of each defendant. If you cannot fit the  
names of all of the defendants in the space provided, please  
write "see attached" in the space above and attach an  
additional sheet of paper with the full list of names. The  
names listed above must be identical to those contained in  
Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

### I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

### II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Shawn

First Name

seth

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

GRVC

Current Place of Detention

09-09 HAZEN ST QUEENS NY

Institutional Address

QUEENS

County, City

NY

State

100-100

Zip Code

### III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced prisoner
- Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
New York City Police Department		
Current Job Title (or other identifying information)		
48 Police Station 450 Cross Bronx Expressway		
Current Work Address		
Bronx	New York 10457	NY 10457
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
New York City Police Department		
Current Job Title (or other identifying information)		
Military and Extended Leaned Desk		
Current Work Address		
One Police Plaza	NY	10038
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
New York City Police Dept. 48pct.		
Current Job Title (or other identifying information)		
450 Cross Bronx Expressway		
Current Work Address		
Bronx	NY	10457
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: 49 police station Bronx NY

Date(s) of occurrence: 1-6-~~2020~~ 18

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was Hand cuffed Being Arrested then  
When I got into the Police station 5  
officers beat me up in the Holding cell  
causing injuries to my face Neck back  
spine I ask for medical treatment  
and was sent to the Hospital Apore  
incarceration,

## INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

PAIN is the BACK, neck, Face Below  
Spine

## VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I'm asking for the city \$ 6000,000.00- in  
damages and suffering

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

Shaqwan

First Name

Middle Initial

Plaintiff's Signature

Seth

Last Name

Prison Address

69-09 Haze Street  
Queens

County, City

NY

State

10017

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_